



Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

DEPT. OF ECOLOGY

MAY 12 2011

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Steve Banham/City of Blaine	Phone No: 360-332-8820	Other No:
Address: 1200 Yew		
City: Blaine	State: WA	Zip: 98230-9261
Email Address (optional): SBANHAM@cityofblaine.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Municipal water supply for the City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas

Anticipated length of time to complete your project: 50 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Municipal	1,100		850	Continuously
TOTAL:	1,100		850	

For Ecology Use	APPLICATION NO: 61-28693	SEPA: Exempt/Not Exempt
Fee Paid: 50-	Check No: 232006	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 5/12/11 By DB WRIA: 1

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source		
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____		
Source Name: _____				Well diameter & depth: to be determined		
Tributary to: _____				Number of proposed points of withdrawal: 6		
Number of proposed diversion points: _____				Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.		
Well Tag ID No. _____						
C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
			2	40N	1E	Whatcom
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: **Precise locations of have not been determined at this time.**

Exact locations and property ownership issues will be addressed prior to requesting a "Permission to Drill and Test" letter from the Department of Ecology.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas (see attached map).

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1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association service areas.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: see attached table of water rights

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The City of Blaine, Birch Bay Water & Sewer District, and Bell Bay Jackson Water Association provide municipal and residential water to over 4,700 connections from 13 production wells. Details of the City's water system distribution system are presented in their approved Comprehensive Water System Plan.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: <u>13,855</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>18,660</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved <u>03/30/2010</u> Water System Number: <u>07300U</u>	
Name of water system: <u>City of Blaine</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

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Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock None

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses:

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No:

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head and proposed capacity in kilowatts:

Describe works:

Indicate all uses to which power is to be applied:

FERC License No:

Mining/Industrial Use

Describe use, method of supplying and utilizing water:

Other Use

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Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☒ YES ☐ NO

If you answered yes to any of the above questions, please describe: Several water storage tanks are part of the City's distribution system. The City's water distribution system and storage tanks are described in detail in the City's approved Comprehensive Water System Plan.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: See attached map

Site Address: _____

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Stephen R. Banham

Print Name

(Applicant or authorized representative)

J.R. ZL
Signature

4/21/11
Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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